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<p>0010PTO Rev. 6/95</p> <p>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</p> <p><input type="checkbox"/> Declaration Submitted OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing</p>	<p>U.S. Department of Commerce Patent and Trademark Office</p> <p>Attorney Docket Number C 2815 PCT/US</p> <p>First Named Inventor Santiago RULL PROUS</p> <p>COMPLETE IF KNOWN</p> <p>Application Number 10/561,698</p> <p>Filing Date</p> <p>Group Art Unit</p> <p>Examiner Name</p>
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As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LITCHI SINENSIS EXTRACTS CONTAINING OLIGOMERIC PROANTHOCYANIDINS

ENVIRONMENTAL EXTRACTS CONTAINING GEISOMERIC PROANTHOCYANIDINS

LITCHI SINENSIS EXTRACTS CONTAINING OLIGOMERIC PROANTHOCYANIDINS

(Title of the Invention)
the specification of which
 is attached hereto
OR
 was filed on (MM/DD/YYYY) **06/15/2004** as United States Application Number or PCT International

Application Number **PCT/EP2004/006415** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
03014143.6	EP	06/24/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code 5119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

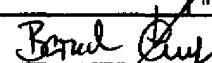
Type a plus sign (+) inside this box +

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DECLARATION		Page 2				
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365C of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>						
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)			
	PCT/EP2004/006415	06/15/2004				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.						
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:						
<input checked="" type="checkbox"/> Firm Name OR <input type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:	23657	Customer Number or label				
Name	Registration Number	Name	Registration Number			
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.						
Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or label	23657	<input type="checkbox"/> OR <input type="checkbox"/> Fill in correspondence address below			
Name						
Address						
Address						
City	State	Zip				
Country	Telephone	Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Santiago	Middle Initial	Family Name	RULL PROUS	Suffix e.g. Jr.	
Inventor's Signature				Date	17.02.06	
Residence: City	Barcelona	State	Country	Spain	Citizenship	Spanish
Post Office Address	Francesc Carbonell 32-4a-2*					
Post Office Address						
City	08034 Barcelona	State	Zip	Country	Spain	Applicant Authority
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto						

Type a plus sign (+) inside this box +

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Small	Middle Initial		Family Name	ALAOUI ISMAILI		Suffix e.g. Jr.		
Inventor's Signature					Date	20.02.06			
Residence: City	Cerdanyola del Vallès	State		Country	Spain	Citizenship	Moroccan		
Post Office Address	Passeo Cordelias, 57, 4 ^o , 1a								
Post Office Address									
City	08290 Cerdanyola del Vallès	State	Zip	Country	Spain	Applicant Authority			
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Bernd	Middle Initial		Family Name	FABRY		Suffix e.g. Jr.		
Inventor's Signature					Date	02.03.06			
Residence: City	Korschenbroich	State		Country	Germany	Citizenship	German		
Post Office Address	Bruchstrasse 13								
Post Office Address									
City	41352 Korschenbroich	State	Zip	Country	Germany	Applicant Authority			
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name				Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City		State		Country			Citizenship		
Post Office Address									
Post Office Address									
City		State	Zip	Country			Applicant Authority		
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name				Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City		State		Country			Citizenship		
Post Office Address									
City		State	Zip	Country			Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									